



**OFFICE OF CORPORATION COUNSEL**

St. Croix County Government Center

1101 Carmichael Road

Hudson, WI 54016

Phone: (715) 381-4315 Fax (715) 381-4334

website:

<http://www.corpcounsel@sccwi.gov>

**INVOLUNTARY COMMITMENT QUESTIONNAIRE  
Drug Dependent – Wis. Stats. § 51.20**

**PETITIONER INFORMATION:**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship to subject individual: \_\_\_\_\_

**SUBJECT INDIVIDUAL INFORMATION:**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

I, \_\_\_\_\_, (petitioner's name) submit the following information for the purpose of an involuntary commitment of \_\_\_\_\_ (subject individual's name) for drug treatment under Wis. Stats. § 51.20.

1. The person uses one or more drugs to the extent that the person's health is substantially impaired or his or her social functioning is substantially disrupted. (Please be as SPECIFIC as possible in describing events, i.e., who, what, when, where, etc.)

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(a) His/her health is substantially impaired or endangered as set forth in the following examples: (Attach physician's statement or relevant medical records if possible).

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This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- ☐ The information is based on personal knowledge of the conduct and condition of the person sought to be committed. (I saw the incidents occur/subject individual directly told me the information).
- ☐ The information is not based on personal knowledge. The basis for my beliefs are:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Is the subject individual currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, where? Name of Business \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

4. List anyone else that may have additional information regarding the subject individual's condition:

Names: _____	Phone # _____
_____	_____
_____	_____
_____	_____
_____	_____

5. Attach additional statements or reports if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Upon completion of this form, it should be returned to the  
Office of Corporation Counsel.***